

PLACE OF BIRTH

1. County of Maricopa
 District of Phoenix
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 442
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child James Murvin Owens (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate?	7. Date of birth <u>Dec 9</u> <u>1927</u> Month Day Year
5. No., in order of birth <u>4</u>				
8. FATHER Full name <u>Almon D. Owens</u>		14. MOTHER Full maiden name <u>Alta Ellsworth</u>		
9. Residence (Usual place of abode) If nonresident, give place and state <u>Show Low</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Show Low</u>		
10. Color or race <u>white</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>31</u> (Years)	
12. Birthplace (city or place) <u>Woodruff</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>Show Low</u> (State or country) <u>Ariz.</u>		
13. Occupation Nature of industry <u>farming</u>		19. Occupation Nature of industry <u>Housewife</u>		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?		
(a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>one</u> (c) Stillborn		<u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Emma Whipple (Born alive or stillborn) _____ at _____ m. on the date above stated.
 Address Show Low (Physician or midwife)

Given name added from a supplemental report

Month, day, year.

Filed _____, 19____

Filed _____, 19____

Registrar.

Local Registrar.

County Registrar.

162-1209-159